

(Important: Type or print; read Instructions before completing form.)

EPA U.S. Environmental Protection Agency**TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM**Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

EPA FORM

R**PART I.**
**FACILITY
IDENTIFICATION
INFORMATION**

(This space for your optional use.)

Public reporting burden for this collection of information is estimated to vary from 30 to 34 hours per respondent, with an average of 33 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch (IPB-223), US EPA, 401 M St., SW, Washington, D.C. 20460. Attn: TSC Burden and to the Office of Information and Regulatory Affairs, Office of Management, and Budget, Paperwork Reduction Project 1190 (2070-0093), Washington, D.C. 20580.

1.1	Are you claiming the chemical identity on page 3, trade secret?	1.4	"Yes" in 1.1 is this copy:	1.5	Reporting Year
	[] Yes (Answer question 1.2). Attach substantiation forms. [X] No (Do not answer 1.2). See 10 U.S.C. 183)		[] Serialized [] Unserialized		1990

2. CERTIFICATION (Read and sign after completing all sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge, and belief, the submitted information is true and accurate and that the amounts and values in this report are accurately based on reasonable estimates using data available to the preparer of this report.

Name and official title of owner/operator or senior management officials:

DOUGLAS C KUSEN SECRETARY

Signature

Douglas C. Kusen

Date signed

6/3/91

3. FACILITY IDENTIFICATION

Facility or Establishment Name	ALASKAN COPPER WORKS		
Street Address	3200 6TH AVE. SO.		
City	Seattle KING		
State	WASHINGTON 98134		
TRI Facility Identification Number	981341 SKNC 32000		

3.2 This report contains information for (Check only one): a. [X] An entire facility. b. [] Part of a facility.

3.3 Telephone Contact James C Brown Telephone Number (include area code) (206) 623-5800

3.4 Public Contact James C Brown Telephone Number (include area code) (206) 623-5800

3.5 SIC Code (4 digit) a. 3498 b. 3443 c. d. e. f.

3.6 Latitude a. Degrees 47° 33' Minutes 30" Seconds b. Degrees 122° 18' Minutes 30" Seconds

3.7 Duns & Bradstreet Number(s) a. 00-925-5571 b.

3.8 EPA Identification Number(s) (RCRA I.D. No.) a. WAD 980738546 b.

3.9 NPDES Permit Number(s) a. NA b.

3.10 Receiving Streams or Water Bodies (enter one name per box) a. NA b.

3.11 Underground Injection Well Code (UIC) Identification Number(s) a. NA b.

4. PARENT COMPANY INFORMATION

Name of Parent Company	Parent Company's Duns & Bradstreet Number
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4.1 ALASKAN COPPER COMPANIES 00-925-5571

EPA Form 9350-1 (1-90) Revised - Do not use previous versions. 1NL



EPA FORM R
**PART II. OFF-SITE LOCATIONS TO WHICH TOXIC
 CHEMICALS ARE TRANSFERRED IN WASTES**

(This space for your optional use.)

1. PUBLICLY OWNED TREATMENT WORKS (POTWS)

1.1 POTW name METRO	1.2 POTW name ____
Street Address 821 SECOND AVE.	Street Address _____
City SEATTLE	County KING
State WASHINGTON	Zip 98104-1598

2. OTHER OFF-SITE LOCATIONS (DO NOT REPORT LOCATIONS TO WHICH WASTES ARE SENT ONLY FOR RECYCLING OR REUSE)

2.1 Off-site location name CHEMPRO	2.2 Off-site location name NORTHWEST ENVIROSERVICE
EPA Identification Number (RCRA ID. No.) WAD 991281767	EPA Identification Number (RCRA ID. No.) WADO5B367152
Street Address 20245 76th AVE. So.	Street Address 1500 AIRPORTWAY So.
City KENT	County KING
State WASHINGTON	Zip 98032-1362
Is location under control of reporting facility or parent company?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2.3 Off-site location name _____	2.4 Off-site location name _____
EPA Identification Number (RCRA ID. No.) _____	EPA Identification Number (RCRA ID. No.) _____
Street Address _____	Street Address _____
City _____	County _____
State _____	Zip _____
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.5 Off-site location name _____	2.6 Off-site location name _____
EPA Identification Number (RCRA ID. No.) _____	EPA Identification Number (RCRA ID. No.) _____
Street Address _____	Street Address _____
City _____	County _____
State _____	Zip _____
Is location under control of reporting facility or parent company?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check if additional pages of Part II are attached. How many? _____	

(Important: Type or print; read instructions before completing form.)

Form 9320-1



ERA FORM R
PART III. CHEMICAL-SPECIFIC INFORMATION

(This space for your signature.)

1. CHEMICAL IDENTITY (Do not complete this section if you complete Section 2.)

1.1 [Reserved]

1.2 CAS Number (Enter only one number exactly as it appears on the SIC list. Enter NA if reporting a chemical category.)

7439-96-5

1.3 Chemical or Chemical Category Name (Enter only one name exactly as it appears on the SIC list.)

MANGANESE

1.4 Generic Chemical Name (Complete only if Part I, Section 1.1 is answered "Yes." Generic name must be structurally descriptive.)

NA

2. MIXTURE COMPONENT IDENTITY (Do not complete this section if you complete Section 1.)

Generic Chemical Name Provided by Supplier (Limit the name to a maximum of 10 characters, e.g., mercury, nitrate, sodium, methanol).

NA

3. ACTIVITIES AND USES OF THE CHEMICAL AT THE FACILITY (Check all that apply.)

Manufacture the chemical:	a. [] Produce NA b. [] Import	If producer or import: a. [] For on-site use/processing b. [] As a byproduct	c. [] For sale/distribution d. [] As an impurity
Process the chemical:	a. [] As a reactant d. [] Repackaging only	b. [] As a formulation component	c. [] As an article component
Otherwise use the chemical:	NA a. [] As a chemical processing aid	b. [] As a manufacturing aid	c. [] Any other or other use

4. MAXIMUM AMOUNT OF THE CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

0.4 (enter code)

5. RELEASES OF THE CHEMICAL TO THE ENVIRONMENT ON-SITE

You may report releases of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2.)	A. Total Release (pounds/year)		B. Basis of Estimate (enter code)	C. % from Stormwater
	A.1 Reporting Range 1-10 11-500 500-500+	A.2 Enter Estimate		
5.1 Fugitive or non-point air emissions	5.1a [] [] []	NA	5.1b []	
5.2 Stack or point air emissions	5.2a [] [] []	NA	5.2b []	
5.3 Discharges to receiving streams or water bodies	5.3.1a [] [] [] (Enter letter code for stream from Part I Section 3.10 in the box provided.)	NA	5.3.1b []	5.3.1c []
	5.3.2 []	NA	5.3.2b []	5.3.2c []
	5.3.3 []	NA	5.3.3b []	5.3.3c []
5.4 Underground injection on-site	5.4a [] [] []	NA	5.4b []	
5.5 Releases to land on-site	5.5.1a [] [] []	NA	5.5.1b []	
5.5.1 Landfill	5.5.2a [] [] []	NA	5.5.2b []	
5.5.2 Land treatment/application farming	5.5.3a [] [] []	NA	5.5.3b []	
5.5.3 Surface impoundment	5.5.4a [] [] []	NA	5.5.4b []	
5.5.4 Other disposal		NA		

[] (Check if additional information is provided on Part IV-Supplemental Information.)

EPA**EPA FORM R****PART III. CHEMICAL-SPECIFIC INFORMATION
(continued)**

(This space for your optional use.)

MANGANESE**6. TRANSFERS OF THE CHEMICAL IN WASTE TO OFF-SITE LOCATIONS**

You may report transfers of less than 1,000 pounds by checking ranges under A.1. (Do not use both A.1 and A.2.)

	A. Total Transfers (pounds/year)		B. Basis of Estimate (enter code)	C. Type of Treatment/Disposal (enter code)
	A.1 Reporting Ranges 1-10 11-100 100-500	A.2 Enter Estimate		
6.1.1 Discharge to POTW (enter location number from Part II, Section 1.)	[] [] []	NA	6.1.1b []	
6.2.1 Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2.1b []	6.2.1c M P Z
6.2.2 Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2.2b []	6.2.2c M
6.2.3 Other off-site location (enter location number from Part II, Section 2.)	[] [] []		6.2.3b []	6.2.3c M

[] (Check if additional information is provided on Part IV-Supplemental Information.)

7. WASTE TREATMENT METHODS AND EFFICIENCY

[] Not Applicable (NA) - Check if no on-site treatment is applied to any waste stream containing the chemical or chemical category.

A. General Wastestream (enter code)	B. Treatment Method (enter code)	C. Range of Influent Concentration (enter code)	D. Sequential Treatment (check if applicable)	E. Treatment Efficiency Estimate	F. Based on Operating Data Yes No
7.1a W	7.1b [] O Y	7.1c 3	7.1d [NA]	7.1e 99.2%	7.1f [] X
7.2a	7.2b [] []	7.2c []	7.2d []	7.2e %	7.2f [] []
7.3a	7.3b [] []	7.3c []	7.3d []	7.3e %	7.3f [] []
7.4a	7.4b [] []	7.4c []	7.4d []	7.4e %	7.4f [] []
7.5a	7.5b [] []	7.5c []	7.5d []	7.5e %	7.5f [] []
7.6a	7.6b [] []	7.6c []	7.6d []	7.6e %	7.6f [] []
7.7a	7.7b [] []	7.7c []	7.7d []	7.7e %	7.7f [] []
7.8a	7.8b [] []	7.8c []	7.8d []	7.8e %	7.8f [] []
7.9a	7.9b [] []	7.9c []	7.9d []	7.9e %	7.9f [] []
7.10a	7.10b [] []	7.10c []	7.10d []	7.10e %	7.10f [] []

[] (Check if additional information is provided on Part IV-Supplemental Information.)

8. POLLUTION PREVENTION: OPTIONAL INFORMATION ON WASTE MINIMIZATION

(Indicate actions taken to reduce the amount of the chemical being released from the facility. See the instructions for coded items and an explanation of what information to include.)

A. Type of Modification (enter code)	B. Quantity of the Chemical in Waste Prior to Treatment or Disposal	C. Index	D. Reason for Action (enter code)
M	Current reporting year (pounds/year)	Prior year (pounds/year)	I Or percent change (Check (+) or (-)) [] + [] - %